

Short-Term Disability Income Protection Insurance Highlights

Your Plan	Short-Term Disability offers income replacement to provide financial protection for you and your family if you can't work over a temporary period of time due to injury or illness.										
Eligibility	You are eligible for coverage if you are an active employee working a minimum of 20 hours per week or a contract employee with benefits										
Weekly Benefit Amount	<p>You may select one of the following benefit level. The maximum benefit is \$1,000 per week.</p> <ul style="list-style-type: none"> 40% of Basic Weekly Salary 50% of Basic Weekly Salary 60% of Basic Weekly Salary 70% of Basic Weekly Salary <p>Refer to the STD Estimator on the Benefits/EHI home page under the Open Enrollment tab to determine the most cost-effective coverage level. You may increase or decrease your coverage only during a regularly scheduled Open Enrollment. When you enroll, you are locked in to this benefit for the entire benefit period. You may not drop or change coverage even if you have a qualified status change.</p>										
Changes for FY 08-09	Premium rates for the 40% plan increased.										
Return to Work Incentive	The return to work incentive is 80%.										
Elimination Period	The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. The Elimination Period is 21 consecutive days.										
Benefit Duration	Maximum benefit duration is 26 weeks, which includes the 3 week elimination period.										
Pre-existing Condition Exclusion	<p>If you have a disability for which you received treatment (including diagnostic services and prescription drugs) within 90 days before your coverage became effective, no benefits will be payable for that condition until you have been treatment-free for three months or covered by the STD plan for 12 months.</p> <p>Any additional questions should be directed to the Maricopa County Employee Health Initiatives Department by calling (602) 506-1010 or by e-mailing: BenefitsService@mail.maricopa.gov</p>										
Payroll Deductions	Payroll deductions for the insurance plans will be made from the first two paychecks of the month, 24 paychecks per year. The per-pay-period premium for this plan is based on your monthly salary at the end of the pay period. As a result, your actual deduction amounts will change in accordance with any changes in your salary.										
FY 08-09 Premium Rates	<table border="1"> <thead> <tr> <th>Short-Term Disability Options</th><th>Rate Multiplier for 24 Pay Periods</th></tr> </thead> <tbody> <tr> <td>40% of Biweekly Salary*</td><td>\$0.0038</td></tr> <tr> <td>50% of Biweekly Salary*</td><td>\$0.0055</td></tr> <tr> <td>60% of Biweekly Salary*</td><td>\$0.0085</td></tr> <tr> <td>70% of Biweekly Salary*</td><td>\$0.0132</td></tr> </tbody> </table>	Short-Term Disability Options	Rate Multiplier for 24 Pay Periods	40% of Biweekly Salary*	\$0.0038	50% of Biweekly Salary*	\$0.0055	60% of Biweekly Salary*	\$0.0085	70% of Biweekly Salary*	\$0.0132
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Short-Term Disability Example

Annual Salary:	\$25,000
Annual Salary divided by 12 months = Monthly Salary	$\$25,000 \div 12 = \$2,083.33$

Monthly Salary: \$2,083.33	40% Option	50% Option	60% Option	70% Option
Monthly Premium = Monthly Salary (up to Maximum Monthly Salary) multiplied by Rate Multiplier	$\$2,083.33 \times \0.0038	$\$2,083.33 \times \0.0055	$\$2,083.33 \times \0.0085	$\$2,083.33 \times \0.0132
Monthly Premium	\$7.92	\$11.46	\$17.71	\$27.50
Pay Period Premium = Monthly Premium divided by 2	\$3.96	\$5.73	\$8.86	\$13.75